

PRESENTATION REQUEST FORM

DATE REQUEST SUBMITTED: _____

CONTACT PERSON: _____ PHONE: _____

PRESENTATION DETAILS

DATE: _____ START TIME: _____

The campaign is from Oct 8 – Nov 30, 2007. Presentations are available Sept 6 – Nov 30, 2007.

LENGTH OF PRESENTATION: _____ AUDIENCE SIZE: _____

Please ensure a minimum of 10 minutes. 15 minutes is requested.

AUDIENCE DEMOGRAPHICS (circle one):

Office meeting Leadership Crews Other (please explain) _____

DEPARTMENT: _____ DIVISION: _____

LOCATION: _____ DAY-OF/ CEL PHONE: _____

PRESENTATION TYPE

☐ SPECIAL MEETING FOR CAMPAIGN

☐ SPECIAL FUNDRAISER FOR CAMPAIGN

☐ REGULAR STAFF MEETING

☐ OTHER: _____

☐ SHIFT CHANGE MEETING

AUDIO/VISUAL RESOURCES AVAILABLE AT SITE

☐ TV

☐ LCD PROJECTOR

☐ FLIP CHART

☐ DVD PLAYER

☐ OVERHEAD
PROJECTOR

☐ VHS PLAYER

DIRECTIONS/PARKING INFORMATION: _____

COMMENTS: _____

The Employee Giving Program charitable campaign presentations include an employee campaign representative and speakers from participating nonprofit organizations. Presentation content will be tailored to the audience size and type collaboratively with the presentation contact person.

Complete and return via email, fax, or interoffice mail to:

Mellicia Ferrier
 King County Employee Giving Program
 KSC-TR-0231
 201 South Jackson Street
 Seattle, WA 98104
 Mellicia.ferrier@kingcounty.gov
 Tel 206.263.6635 Fax 206.296.0565

Employee Giving Program use only

Executive: _____ Coordinator: _____

Nonprofits: _____

Confirmation date: _____